

BEST AVAILABLE COPY

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-876)

SERIAL NO.

FILED DATE

APPLICANT(S)

10/505362

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DER.	IND.	DER.	IND.	DER.		IND.	DER.	IND.	DER.	IND.	DER.
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46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND. DER. CLAIMS							TOTAL IND. DER. CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS